

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/070304

FILED DATE

07 AUG 2002

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/			51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
6			/	/			56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
15			/	/			65						
16			/	/			66						
17			/	/			67						
18			/	/			68						
19			/	/			69						
20			/	/			70						
21			/	/			71						
22			/	/			72						
23			/	/			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	18	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			23				TOTAL CLAIMS						